

Addressing the Prevention Needs of Clients Who Test Positive

Course Dates:

June 8-9, 2006
Charleston, SC

September 13-14, 2006
Columbia, SC

**All trainings will begin promptly at 9 a.m.
Participant sign-in is at 8:30 a.m.**

Registration form

For registration, cancellation, or course information contact:

James Harris, Jr.
STD/HIV Division Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhec.sc.gov

***Deadline for registration is 15 business days
prior to the training.***

Course Description:

This 2-day training will prepare participants to provide counseling services to people living with HIV to avoid sexual and substance use behaviors that can result in 1) transmitting HIV to others, 2) negative health outcomes for themselves, and 3) create linkages to identified referral services.

Topics to be covered and specific skills to be practiced include:

- Psychosocial issues that can make it difficult for PWA to change sexual and substance using behaviors associated with HIV transmission.
- Provider values and beliefs about addressing prevention issues with their HIV positive clients.
- Practice skills associated with working one on one with HIV positive clients on prevention issues.
- Being familiar with prevention resource is able to make referrals for prevention services.

Prerequisites:

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course.
- Test Decision Counseling, Result Counseling, and Risk Reduction Counseling or Fundamentals of HIV Prevention Counseling.

Audience:

All Health and Human Services Providers

Instructor (s):

Bill Hight, Ph. D

Training Hours:

13.5

Continuing Education Units available.



STD/HIV Division

Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____

District or Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Evening:** _____

Fax: _____

E-mail Address: _____

Type of Agency (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | <input type="checkbox"/> Other _____ | |

Mark the course date and location you are requesting:

Addressing the Needs of Clients Who Test Positive

___ June 8-9, 2006 Charleston, SC

___ September 13-14, 2006 Greenville, SC

*HIV, STD, and SC STD/HIV Law and Test Decision Counseling, Result Counseling, and Risk Reduction Counseling are prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: _____
2. Date and location: _____

Supervisor's Signature: _____

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.